Role of Antimiasmatic Medicine in the Management of Androgenetic Alopecia: A Case Report

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Abstract—**Background: Androgenetic alopecia is a common, progressive form of hair loss that causes considerable psychological distress, particularly in young adults. Conventional options such as minoxidil and finasteride have limitations in tolerability, adherence and long-term acceptability. Homoeopathy, through detailed case-taking, repertorization and miasmatic analysis, permits selection of an antimiasmatic remedy addressing the totality of mental and physical symptoms, offering an alternative approach. Objective: To report the outcome of antimiasmatic homoeopathic treatment in a case of hair loss with temporal recession, aggravated by academic stress and emotional disappointment. Case presentation: A 20-year-old unmarried male student presented with a 9–10-month history of hair fall, thinning over both temples, recession of the hairline, dry, rough, easily tangled hair and itching of the scalp, graded as Norwood–Hamilton Stage II. Repertorization pointed toward Natrum muriaticum, Ignatia, Phosphorus, Nux vomica and Calcarea carbonica. Natrum muriaticum 1M, single dose, was prescribed on the basis of the highest rubric coverage, the closest similarity of mental and general symptoms, and a Psoric miasmatic diagnosis. A single dose of 10M was given later for a plateau in improvement. Outcome: Over about 11 months, trichoscopic hair density rose from 42.85 to 62.86 hairs/cm^2 and the Hair-Specific Skindex-29 (HSS29) score fell from 110 to 47, with hair fall returning to physiological levels and resolution of scalp itching, sleep disturbance and excessive worry about hair. Conclusion: This case illustrates a favourable clinical response to antimiasmatic homoeopathic treatment in androgenetic alopecia, supporting the value of detailed case-taking, repertorization and miasmatic analysis; controlled studies are needed to establish generalizable efficacy.**

Index Terms—**Androgenetic alopecia; Hair fall; Homoeopathy; Natrum muriaticum; Antimiasmatic medicine; Norwood–Hamilton classification; Trichoscopy; Hair-Specific Skindex-29; Psora.**

I. NTRODUCTION

Androgenetic alopecia (AGA) is the most common cause of progressive hair loss in men. It is characterized by gradual miniaturization of terminal hair follicles, with a typical pattern of bitemporal recession and vertex thinning, and is graded clinically by the Norwood–Hamilton classification [1,2]. Onset is often in late adolescence or early adulthood, and a family history of pattern baldness is a recognized risk factor. Although not medically dangerous, hair loss in young people is associated with embarrassment, reduced self-esteem, anxiety and impaired social functioning, and psychological stress is a recognized aggravating factor for hair shedding.

Trichoscopy allows objective, non-invasive monitoring of hair loss through parameters such as hair counts and hair density. Quality-of-life impact can be quantified with hair-specific instruments such as the Hair-Specific Skindex-29 (HSS29), which records symptoms, functioning and emotions related to hair loss [3].

Homoeopathy approaches hair loss not as an isolated local complaint but as an expression of the patient's overall constitutional and miasmatic state, selecting a single antimiasmatic remedy on the basis of the totality of characteristic mental, general and particular symptoms, refined through repertorization and miasmatic analysis [4,5,6]. The present case report documents the systematic case-taking, repertorial analysis, antimiasmatic remedy selection and clinical outcome, assessed with trichoscopic hair density and the HSS29, in a young man with hair fall and temporal recession, with the aim of adding to the documented clinical evidence base for homoeopathy in this condition.

II. CASE REPORT

Patient Information

A 20-year-old unmarried Hindu male student from Mehsana (OPD No. 6563/25-26) presented on 29/07/2025 with hair fall for the past 9 to 10 months, gradual thinning of hair over both temples and recession of the hairline. Written informed consent was obtained from the patient for the clinical details and follow-up data to be used and published for academic purposes, with personal identifiers withheld.

Chief Complaints

- Sensation: Hair fall with gradual thinning over both temples and recession of the hairline; hair dry, rough and easily tangled; itching of the scalp.
- Modality: < combing and washing hair, especially with warm water; < stress and stressful situations.
- Concomitant: Disturbed sleep with unrefreshing, confused dreams.

History of Present Illness

The patient was apparently well 9 to 10 months before presentation. As a second-year college student he had been under considerable academic pressure for the past year, spending long hours studying and using electronic devices, resulting in irregular sleep and mental fatigue. At this stage he gradually noticed hair fall, without recession of the hairline or dryness. Recently he became emotionally affected after a disappointment in a close relationship, after which the hair falls increased, with more shedding while combing and washing, especially with warm water. Over the following weeks the hair falls slowly increased, with thinning and recession of the hairline over both temples. At presentation the hair was dry and easily tangled, and the scalp itched.

Staging and Trichoscopic Examination (Baseline)

Hair loss was graded as Stage II on the Norwood–Hamilton classification. Baseline trichoscopic findings are given in Table 1.

Parameter	Baseline finding
Total hair count (ToHC)	15
Hair density	42.85 hairs/cm^2

Table 1. Baseline trichoscopic examination

Personal History

- Appetite diminished; thirsty, especially in the afternoon.
- Desire for indigestible things, sour food and acids; aversion to milk.
- Stool once a day; urine 6–7 times a day.
- Perspiration scanty, occurring only at night on waking.
- Sleep disturbed, especially by dreams; dreams confused and mixed.
- Thermal reaction: chilly.

Past and Family History

Past history of typhoid fever four years earlier, treated conventionally with complete recovery and no complications. Family history is notable for alopecia in the father and paternal grandfather, eczema in the mother, and gastritis in the maternal grandmother.

Mental Generals

- Very affectionate and emotionally attached to family members and people close to him.
- Shy and fearful; uncomfortable speaking or appearing before groups of people.
- Remains sensitive after emotional disappointment in a close relationship (love) and dwells on past events.
- Worries excessively about his hair loss and fears becoming bald.

General and Systemic Examination

Parameter	Finding	Parameter	Finding
Pulse	82/min	Respiratory rate	20/min
Blood pressure	130/82 mmHg	Temperature	98.5°F
Height	160 cm	Weight	50 kg
RS	Bilateral airway clear	CVS	S1 S2 normal
Parameter	Finding	Parameter	Finding
GIT (per abdomen)	Soft		

Analysis, Evaluation and Totality of Symptoms

On analysis, the mental generals (affectionate and emotionally attached, shy and fearful in public, ailments from disappointment in love, excessive worry) were graded highest in intensity, supported by the physical generals of diminished appetite, desire for

indigestible things, sour and acids, aversion to milk, afternoon thirst, scanty perspiration only at night on waking, and disturbed sleep with confused dreams, together with the physical particulars of baldness, hair falling from the temples, dry hair and hair that tangles easily. The totality selected for repertorization comprised these mental, general and particular symptoms.

Miasmatic Analysis

Miasmatic weightage of the symptoms is given in Table 2.

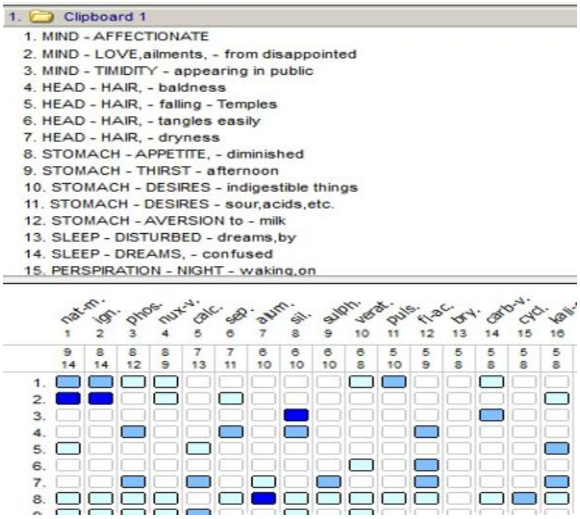
Psora	Syphilis	Sycosis
Hair dry, lusterless and easily tangled; scalp itching; aggravation from warmth; affectionate; ailments from love; timidity in public; worries, stress; desire for indigestible things, acids and sour; diminished appetite; confused dreams; sleep disturbed by dreams; scanty perspiration; family history of eczema and gastritis	Family history of alopecia	Family history of eczema; < night

Table 2. Miasmatic analysis

The predominance of functional, reactive and stress-related symptoms, dryness of the hair, scalp itching, timidity and anticipatory worry, together with the family history of eczema and gastritis, corresponded principally to Psora, with the family history of alopecia and night aggravation suggesting minor syphilitic and sycotic components respectively [5,7]. The predominant working miasmatic diagnosis was Psora, forming the basis for antimiasmatic remedy selection.

Repertorization

1. Mind – Affectionate
2. Mind – Love, ailments, from disappointed
3. Mind – Timidity – appearing in public
4. Head – Hair – baldness
5. Head – Hair – falling – temples
6. Head – Hair – tangles easily
7. Head – Hair – dryness
8. Stomach – Appetite – diminished
9. Stomach – Thirst – afternoon
10. Stomach – Desires – indigestible things
11. Stomach – Desires – sour foods, etc.
12. Stomach – Aversion to – milk
13. Sleep – Disturbed – dreams, by
14. Sleep – Dreams – confused
15. Perspiration – Night – waking on



Repertorial totality was constructed from the evaluated symptoms (mental generals, physical generals and physical particulars listed above) and repertorized. The results for the five leading remedies are shown in Table 3.

Remedy	Total score	Rubrics covered
Natrum muriaticum	14	9
Ignatia	14	8
Phosphorus	12	8
Nux vomica	9	8
Calcarea carbonicum	13	7

Table 3. Repertorial analysis

Differentiation of the Indicated Remedies

Natrum muriaticum (14 / 9 rubrics): Marked emotional attachment, ailments from disappointed love, dwelling on past events, reserve and timidity in company, with dry, falling hair and a chilly constitution. This matched the mental and general picture of the patient most closely [8,9].

Ignatia (14 / 8 rubrics): Ailments from grief and disappointed love, with equal total score, but without the persistent dwelling on past events, the pronounced timidity before groups, or the dry, tangled hair and scalp itching seen in this patient [9].

Phosphorus (12 / 8 rubrics): Affectionate and fearful, with hair fall, but typically warm-blooded, with a desire for cold drinks, which contrasted with the chilly thermal reaction of this patient [9].

Nux vomica (9 / 8 rubrics): Irritability, oversensitivity

and strain from overwork and study, but without the marked emotional attachment, ailments from love and timid mental picture of this case [9].

Calcarea carbonicum (13 / 7 rubrics): Fearful and chilly, but with the lowest rubric coverage and without the characteristic sensitivity to disappointment in love [9].

Prescription and Antimiasmatic Justification

Natrum muriaticum was selected as the antimiasmatic medicine on the basis of the highest rubric coverage (9 rubrics, total score 14) and the closest match to the mental generals (emotional attachment, ailments from disappointment in love, timidity in public, excessive worry) and physical generals of the case. Given the Psoric miasmatic diagnosis, Natrum muriaticum, a deep-acting constitutional remedy with a strong psoric foundation, was considered the miasmatically appropriate choice [5,7]. Potency was chosen as 1M in view of the clear mental-general similarity and the chronic course.

Rx (29/07/2025): Natrum muriaticum 1M, single dose, followed by placebo (Saccharum lactis, S.L.) once daily for 15 days. A later single dose of Natrum muriaticum 10M was given for a plateau in improvement (see follow-up).

Auxiliary Management

- Use of a wide-toothed comb and avoidance of vigorous combing.
- Stress-reducing activities such as meditation and yoga.

Progress and Follow-up

The patient was followed up over eleven visits across approximately eleven months. Antimiasmatic management was continued on the basis of the totality of symptoms and the clinical trend, and a single repetition in higher potency (10M) was given when improvement stalled, as summarized in Table 4.

Date	Change in symptomatology	Remarks	Prescription
18/08/2025	Hair fall reduced slightly during combing; hair still dry and rough; scalp itching slightly reduced	About 10% improvement in hair fall	S.L. BD x 30 days
19/09/2025	Hair fall reduced further during washing and combing; scalp itching much less; dryness persists but slightly better	Improvement continues	S.L. BD x 30 days
17/10/2025	Sleep slightly improved; confused dreams reduced in frequency; hair tangles less frequently; appetite improving	About 40% reduction in hair fall	S.L. BD x 30 days
18/11/2025	Hair fall increased slightly compared with previous month; dryness increased slightly; mild scalp itching reappeared; confused dreams	Temporary setback	S.L. BD x 30 days
19/12/2025	Hair fall reduced; hair still dry and rough; appetite improving; sleep better	About 60–70% reduction in hair fall	S.L. BD x 30 days
20/01/2026	Dreams occasional; mild thinning over both temples persisted; hair dry and lusterless; appetite improving; sleep better	60–70% reduction; no further improvement since last follow-up	S.L. BD x 30 days
20/02/2026	No further improvement; no new symptoms; excessive worry about hair condition; mild temporal thinning persisted	Plateau	Natrum muriaticum 10M, single dose;S.L. BD x 30 days
24/03/2026	Slight increase in hair falls during first 5–7 days after last prescription, then gradual reduction; sleep sound and refreshing; appetite good; fine new hair over affected area; hair texture healthier	Improvement resumed	S.L. BD x 30 days
24/04/2026	Hair fall near normal physiological shedding; sleep sound and refreshing; dreams markedly reduced; scalp healthy with no itching	Improvement continues	S.L. BD x 30 days
25/05/2026	Hair falls only physiological; sleep sound; appetite good; hair density improving; no excessive worry	Improvement continues	S.L. BD x 30 days

23/06/2026	Hair falls only physiological; thinning less noticeable; hair thicker; scalp healthy, no itching; sleep sound; appetite good	Significant improvement	S.L. BD x 30 days

Table 4. Follow-up and prescriptions

Outcome Measures: Trichoscopy and Hair-Specific Skindex-29 (HSS29)

Objective and patient-reported outcomes before and after treatment are given in Table 5. The HSS29 comprises 29 items scored from 1 (never bothered) to 4 (always bothered), giving a possible total of 29 to 116.

Outcome measure	Baseline (29/07/2025)	Final (23/06/2026)	Change
Hair density (hairs/cm^2)	42.85	62.86	+20.01 (about 47% increase)
HSS29 total score	110	47	63-point reduction (about 57%)

Table 5. Outcome measures

At baseline, 26 of the 29 HSS29 items were rated "always bothers", with one item each rated "never", "sometimes" and "often" (total 110). At the final visit, 14 items were rated "never", 12 "sometimes" and 3 "often", with none rated "always" (total 47). The decline in score tracked the clinical narrative of reduced hair fall, resolution of scalp itching, restoration of sleep and appetite, and loss of excessive worry about hair.

III. DISCUSSION

This case illustrates improvement in androgenetic alopecia with stress-related hair shedding following antimiasmatic homoeopathic prescription selected through detailed case-taking, repertorization and miasmatic reasoning. The clinical picture, ailments from disappointment in love, strong emotional attachment, timidity in public, dwelling on past events, chilliness and dry, falling hair, mapped closely onto the recognized picture of Natrum muriaticum, and the rise in hair density from 42.85 to 62.86 hairs/cm^2 and fall in HSS29 score from 110 to 47 paralleled the patient's own report of reduced hair fall and lessened distress [8,9].

The course followed a recognizable pattern: early gradual improvement, a temporary setback at about four months, a plateau at seven to eight months despite continued placebo, and renewed improvement, preceded by a brief aggravation of five to seven days, after a single repetition in 10M potency. This sequence is consistent with the homoeopathic principle that an antimiasmatic remedy requires repetition in a higher potency once the response of the initial dose is exhausted [4,5].

REFERENCES

[1] J. Hamilton, “Patterned loss of hair in man: Types and incidence,” Annals of the New York Academy of Sciences, vol. 53, pp. 708–728, 1951.

[2] O. T. Norwood, “Male pattern baldness: Classification and incidence,” Southern Medical Journal, vol. 68, no. 11, pp. 1359–1365, 1975.

[3] M. M. Chren et al., “Skindex, a quality-of-life measure for patients with skin disease: Reliability, validity, and responsiveness,” Journal of Investigative Dermatology, vol. 107, no. 5, pp. 707–713, 1996.

[4] S. Hahnemann, Organon of Medicine, 6th ed., translated by W. Boericke. New Delhi, India: B. Jain Publishers, reprint ed.

[5] S. K. Banerjea, Miasmatic Prescribing: Its Philosophy, Diagnostic Classifications, Clinical Tips, Miasmatic Repertory, Miasmatic Weightage of Medicines, and Case Illustrations.

[6] F. Schroyens, Synthesis: Repertorium Homeopathicum Syntheticum, ed. 9.1. London, U.K.: Homeopathic Book Publishers.

[7] H. A. Roberts, The Principles and Art of Cure by Homoeopathy. New Delhi, India: B. Jain Publishers.

[8] W. Boericke, Pocket Manual of Homoeopathic Materia Medica with Repertory, 9th ed. New Delhi, India: B. Jain Publishers.

[9] J. T. Kent, Lectures on Homoeopathic Materia Medica. New Delhi, India: B. Jain Publishers.